

SECRET

(When Filled In)

# **NOMINATION AND DESIGNATION OF PARTICIPANT** CIA RETIREMENT AND DISABILITY SYSTEM

## SECTION A

## STATUS OF EMPLOYEE

|   |                             |                                |                              |   |
|---|-----------------------------|--------------------------------|------------------------------|---|
| 1. SERIAL NUMBER  | 2. NAME (Last-First-Middle) | 3. DATE OF BIRTH               | 4. SD                        | 5. EMPLOYMENT CATEGORY<br>(Refer to R 20-2) |
| 6. CURRENT OCCUPATIONAL TITLE   |                             | 7. GRADE                       | 8. OFFICE OF ASSIGNMENT      |   |
| 9. ASSIGNMENT LOCATION<br><input type="checkbox"/> DEPARTMENTAL <input type="checkbox"/> U.S. FIELD <input type="checkbox"/> FGN. FIELD |                             | 10. LONGEVITY COMPUTATION DATE | 11. SERVICE COMPUTATION DATE |   |

## SECTION B

## PERFORMANCE OF QUALIFYING SERVICE

| 1. Has this employee completed any qualifying service? <input type="checkbox"/> YES <input type="checkbox"/> NO. If "Yes", list periods of such service below   |              |                    |   |           |     |            |      |
|---|--------------|--------------------|---|-----------|-----|------------|------|
| INCLUSIVE DATES (From- To-)   |              | OCCUPATIONAL TITLE | LOCATION WHERE SERVICE PERFORMED<br>(City-Country or State) | CHECK ONE |     | TOTAL TIME |      |
| MONTH/DAY/YR  | MONTH/DAY/YR |                    |   | PCS       | TDY | MONTH      | DAYS |
|   |              |                    |   |           |     |            |      |
| 2. Is this employee currently performing qualifying service? <input type="checkbox"/> YES <input type="checkbox"/> NO. If "Yes", complete the following:  |              |                    |   |           |     |            |      |
| BEGIN DATE  | END DATE     | OCCUPATIONAL TITLE | LOCATION  | PCS       | TDY | MONTHS     | DAYS |
|   |              |                    |   |           |     |            |      |
| 3. If employee was assigned in the United States during any period of qualifying service listed above, describe his duties below, pointing out those conditions which meet the requirements of QUALIFYING SERVICE.                |              |                    |   |           |     |            |      |
|   |              |                    |   |           |     |            |      |
| 4. Is this employee currently on official orders for a PCS assignment requiring the performance of qualifying service? <input type="checkbox"/> YES <input type="checkbox"/> NO. If "YES", attach a certification to this effect. |              |                    |   |           |     |            |      |
| 5. CERTIFICATION - The information furnished above has been verified against official Agency records. Where no official record was available, a supporting statement is attached.   |              |                    |   |           |     |            |      |
| 6. Typed Name and Title of Career Service Approving Official  |              |                    | 7. SIGNATURE  |           |     | 8. DATE    |      |

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## SECTION C

## STATUS OF SERVICE AGREEMENT

(TO BE COMPLETED BY CAREER SERVICE APPROVING OFFICIAL)

- ☐ Form 3101, Service Agreement, is attached.
- ☐ Because of temporary absence of the nominee, Form 3101, Service Agreement, will be forwarded at a later date.
- ☐ (1) Nominee has over 15-years of Agency service or (2) nominee cannot be readily contacted to sign a newly executed Service Agreement. The signed "Application for Membership in the Career Staff of the CIA" on file in the nominee's Official Personnel Folder should be accepted in lieu of Form 3101, Service Agreement.
- ☐ Nominee is overseas and a signed "Application for Membership in the Career Staff of the CIA" is NOT filed in his Official Personnel Folder. Form 3101, Service Agreement, will be requested from the field upon notification that the CIA Retirement Board has recommended approval of his nomination.

## SECTION D

## RECOMMENDATION OF HEAD OF CAREER SERVICE

1. Based on his career assignment and past and prospective performance of qualifying service, this employee is recommended for designation as a participant in the CIA RETIREMENT AND DISABILITY SYSTEM. He is serving in a career field which normally requires the performance of qualifying service as an integral part of a career in that field.

2. TYPED NAME AND TITLE

3. SIGNATURE OF HEAD OF CAREER SERVICE

4. DATE

## SECTION E

## RECOMMENDATION OF CIA RETIREMENT BOARD

1. The record of this employee has been reviewed and the CIA RETIREMENT BOARD has recommended on \_\_\_\_\_ (DATE) that this employee:

- ☐ be designated as a participant in the CIA RETIREMENT AND DISABILITY SYSTEM
- ☐ NOT be designated as a participant

2. TYPED NAME AND TITLE

3. SIGNATURE

4. DATE

## SECTION F

## DETERMINATION BY DIRECTOR OF PERSONNEL

1. In accordance with Regulation \_\_\_\_\_ this employee is ☐ DESIGNATED ☐ NOT designated a participant in the CIA Retirement and Disability System.

2. SIGNATURE OF DIRECTOR OF PERSONNEL

3. DATE

## SECTION G

## ADDITIONAL INFORMATION

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